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LIMITED SOCIAL SUPPORT OR RELIGIOUS INVOLVEMENT AS RISK FACTORS FOR COLON CANCER

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PURPOSE: Previous studies have established a relationship between lack of social ties and all-cause mortality, but few have examined cancer risk and or factors associated with disease-specific survival. This population-based case-control study examined the relationship between social support and religious involvement on stage of colon cancer at diagnosis.

METHODS: The study population consisted of blacks (n = 724) and whites (n = 956) in North Carolina. Polychotomous logistic regression was used to examine the effects of social support and religious involvement on stage of colon cancer at diagnosis, adjusting for the effects of age, race, gender, sampling probabilities and other potential confounding variables.

RESULTS: Low levels of emotional support were strongly associated with more advanced disease (OR = 4.4; 95% CI = 2.1–9.3; p for trend < 0.001) but not with local disease (OR = 1.4; 95% CI = 0.5–4.1; p for trend = 0.10). Infrequent church attendance was not associated with local stage of disease at diagnosis (OR = 1.0; 95% CI = 0.7–1.7; p for trend = 0.87) but was with regional/distant disease (OR = 1.6; 95% CI = 1.1–2.2; p for trend = 0.03).

CONCLUSION: These results suggest that emotional support and religious involvement are associated with more advanced stages of colon cancer at diagnosis. The study's findings add to a growing body of literature suggesting that social connections are associated with health benefits.

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